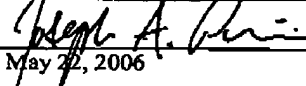


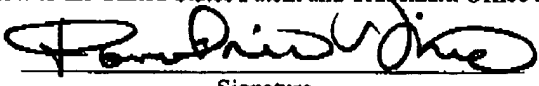
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Patent Number: | 7,036,085 |
| | | Issue Date: | April 25, 2006 |
| | | Application Number | 10/007,387 |
| | | Filing Date | October 22, 2001 |
| | | First Named Inventor | Barbara L. BARROS |
| | | Group Art Unit | 2173 |
| | | Examiner Name | BONSHOCK, Dennis G. |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 036607-007 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address |
| Remarks | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Joseph A Parisi Reg. No. 53,435 Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128 |
| Signature |  |
| Date | May 22, 2006 |

| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] | |
|--|--|
| I hereby certify that this correspondence is being: | |
| <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 | |
| <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (571) 273-8300 | |
| Date | May 22, 2006 |
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| Typed or printed name Domitria Vieira | |

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| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Patent Number: | 7,036,085 | MAY 22 2006 |
| | Issue Date: | April 25, 2006 | |
| | Application Serial No. | 10/007,387 | |
| | Filing Date: | October 22, 2001 | |
| | First Named Inventor: | Barbara L. BARROS | |
| | Art Unit | 2173 | |
| | Examiner Name | BONSHOCK, Dennis G. | |
| Attorney Docket Number: | 036607-007 | | |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

I hereby apply to withdraw as attorney or agent for the above identified patent.

The reasons for this request are:

The Client is handling the case and all related cases.

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number

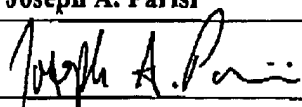
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Code Label Here

OR

| | | | | | |
|--|-------------------|-------|---------------|---------------------|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Barbara L. Barros | | | | |
| Address | 389 Beacon Street | | | | |
| Address | # 8 | | | | |
| City | Boston | State | Massachusetts | Zip | 02116 |
| Country | U.S.A. | | | | |
| Telephone | 617-437-0503 | | e-mail | bbarros@stratav.com | |

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 22204

This request is enclosed in triplicate (including any attachments).

| | | |
|-----------|---|-------------------------|
| Name | Joseph A. Parisi | Registration No. 53,435 |
| Signature |  | |
| Date | May 22, 2006 | |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.